MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NOV 15 1937

36296
Do not use this space

Registration District No. 791
Primary Registration District No. 1008
Registered No. 9873

1. PLACE OF DEATH —
(a) County
(b) Township
(c) City St. Louis, Missouri (d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
C. 8937

2. PRINT FULL NAME Meda Parker
(a) Residence, No. 1707 Park Avenue St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Robert Parker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7. 1917

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
20	3	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Hwk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bunker, Missouri

FATHER
13. NAME Bert Reese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME Lula Chatman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Mo. DATE Oct 25 1937

19. FUNERAL DIRECTOR (ADDRESS) Brotzfeld Funeral Home. 4565 Washington Blvd.

20. FILED OCT 25 1937 J. A. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/23/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/19/37 to 10/23/37, 19
I last saw her alive on 10/23/37, 19 Death is said to have occurred on the date stated above, at 9.35p
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis (bilateral) with cavitation	
Intestinal tuberculosis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Kelly M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PEARL WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12004

JAN 31 1955

STATEMENT BY LICENSED EMBALMER

I, John H. Shanley, Licensed Embalmer No. 993,

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me,

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed John H. Shanley,

Licensed Embalmer No. 993

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)